

# ANNUAL REPORT

FISCAL YEAR ENDING JUNE 30, 2006

## LICENSEES ENGAGED IN THE BUSINESS OF MAKING REGULATED CASH-ADVANCES IN THE STATE OF TENNESSEE

READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS REPORT

This form must be completed for each licensed office, unless a company or affiliate operates more than one licensed office in this state, in which case this report should be filed on a composite basis.

### REPORTING ENTITY

1. Name of Licensee \_\_\_\_\_ Licensee Number: \_\_\_\_\_
2. Provide the address and telephone number of all places of business operated by the licensee and describe the nature of the business conducted at each location.
3. Business Type:  
a) \_\_\_\_\_ Corporation   b) \_\_\_\_\_ Partnership   c) \_\_\_\_\_ Proprietorship   d) \_\_\_\_\_ Limited Liability Company  
e) Other: \_\_\_\_\_

### SCHEDULE A

#### REGULATED CASH-ADVANCE BUSINESS PROFIT PERCENTAGES

##### RATE OF RETURN

- |   |          |
|---|----------|
| 1. Receivables Outstanding (Per Schedule C, Item 4) | \$ _____ |
| 2. Net Income (Per Schedule B, Item 25)             | \$ _____ |
| 3. Rate of Return (Item 2 divided by Item 1)        | _____ %  |

##### ANALYSIS OF CHARGES ON CASH ADVANCES

- |   |          |
|---|----------|
| 4. Charges Collected and/or Earned (Per Schedule B, Item 1) | \$ _____ |
| 5. Average Monthly Rate Collected (See Instructions)        | _____ %  |

##### ANALYSIS OF EXPENSE PER ACCOUNT

- |   |          |
|---|----------|
| 6. Number of Accounts Outstanding<br>(See Instructions, Per Schedule D, Item 7) | # _____  |
| 7. Total Expenses (Per Schedule B, Item 24)                                     | \$ _____ |
| 8. Average Monthly Expense per Account (See Instructions)                       | \$ _____ |

## SCHEDULE B

### STATEMENT OF INCOME AND EXPENSES

FOR THE PERIOD FROM JULY 1, 2005 TO JUNE 30, 2006

#### INCOME

- |   |       |
|---|-------|
| 1. Cash Advance Fees Collected and /or Earned | _____ |
| 2. Handling Charges                           | _____ |
| 3. Total Operating Income                     | _____ |

#### EXPENSES

- |   |           |
|---|-----------|
| 4. Advertising  | _____     |
| 5. Auditing   | _____     |
| 6. Bad Debts  | _____     |
| (a) Charge-Offs   | _____     |
| (b) Deduct: Collections on Accounts                                     | _____     |
| Previously Charged Off  | ( _____ ) |
| (c) Additions to Reserve for Bad  | _____     |
| Debts   | _____     |
| 7. Depreciation Expense   | _____     |
| 8. Insurance and Fidelity Bonds   | _____     |
| 9. Legal Fees and Disbursements   | _____     |
| 10. Postage, Printing, Stationery & Supplies                            | _____     |
| 11. Rent, Janitorial Services and Utilities                             | _____     |
| 12. Salaries of Officers, Owners, Partners                              | _____     |
| 13. Salaries of all other Employees                                     | _____     |
| 14. Taxes-Other Than on Income  | _____     |
| 15. License Fees  | _____     |
| 16. Telephone/Fax   | _____     |
| 17. Travel Auto Expense & Allowance                                     | _____     |
| 18. Supervision & Administration<br>(were not allocated to other items) | _____     |
| 19. Other Expenses  | _____     |
| (a)   | _____     |
| (b)   | _____     |
| (c)   | _____     |
| 20. Interest Paid on Borrowed Funds                                     | _____     |
| 21. Total Expenses Before Income Taxes<br>(Total Items 4 through 20)    | _____     |

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22. Income Before Income Taxes (Item 3 less Item 21)		
23. Income Taxes		
(a) State		
(b) Federal		
24. Total Expenses (Item 21 plus Item 23)		
25. Net Income (Item 3 less Item 24)		
26. Net Income as a Percent of Accounts Receivable (See Instructions)		

**End of Schedule B**

**SCHEDULE C**  
**BALANCE SHEET**  
**JULY 1, 2006**

**ASSETS**

1. Cash		
2. Cash in Bank		
3. Other Cash		
4. Accounts Receivable		
5. Securities		
6. Government Obligations		
7. Life Insurance on Officers, Stockholders, Business Owners		
8. Prepaid Expenses		
9. TOTAL CURRENT ASSETS		
10. Furniture, Fixtures & Equipment		
(a) Less accumulated depreciation		
11. Buildings		
(a) Less accumulated depreciation		
12. Land		
13. Leasehold Improvements		
(a) Less accumulated depreciation		
14. TOTAL FIXED ASSETS		
15. Other Assets		
16. TOTAL OTHER ASSETS		
17. TOTAL ASSETS (Total Items 9, 14 and 16)		

Continued on next page

### **LIABILITIES**

18. Accounts Payable \_\_\_\_\_
19. Accrued Payroll Costs \_\_\_\_\_
20. Rent Payable \_\_\_\_\_
21. Taxes Payable \_\_\_\_\_
22. Mortgages, Bonds, Notes Payable  
(Short Term: Less than 12 months)
- (a) Banks \_\_\_\_\_
- (b) Current Portion of Long Term Bonds  
        And Notes, Payable this Year \_\_\_\_\_
23. Other Current Liabilities \_\_\_\_\_
24. TOTAL CURRENT LIABILITIES \_\_\_\_\_
25. Mortgage, Bonds, Notes Payable  
(Long Term: More than 12 months)
- (a) Banks \_\_\_\_\_
- (b) Long Term Bonds and Notes Payable \_\_\_\_\_
26. Other Long-Term Liabilities \_\_\_\_\_
27. TOTAL LONG TERM LIABILITIES \_\_\_\_\_
28. TOTAL LIABILITIES (Total Items 24 and 27) \_\_\_\_\_

### **NET WORTH**

29. Capital (if corporation \_\_\_\_\_ number)  
    shares issued and outstanding) \_\_\_\_\_
30. Paid-in Surplus \_\_\_\_\_
31. Total Contributed Capital \_\_\_\_\_
32. Retained Earnings:
- (a) Balance (July 1, 2005) \_\_\_\_\_
- (b) Add Total Net Income \_\_\_\_\_
- (c) Deduct Distributions \_\_\_\_\_
- (d) Balance (June 30, 2006) \_\_\_\_\_
33. TOTAL NET WORTH \_\_\_\_\_
34. TOTAL NET WORTH & LIABILITIES  
    (Total Items 28 and 33) \_\_\_\_\_

End of Schedule C

## SCHEDULE D

### ANALYSIS OF REGULATED BUSINESS ACTIVITY

#### Regulated Cash-Advance Business

	Number	Net Amount
1. Accounts Outstanding at beginning of year, July 1, 2005	_____	\$ _____
2. Number of Transactions made during the year	_____	\$ _____
3. Account balances purchased during the year	_____	\$ _____
4. Total (Items 1 through 3)	_____	\$ _____
5. Account balances charged-off during year	_____	\$ _____
6. Account balances sold during year	_____	\$ _____
7. Accounts outstanding at end of year, June 30, 2006	_____	\$ _____
8. Total (Items 5 through 7)	_____	\$ _____
9. Collections during the year (Item 4 less Item 8)	_____	\$ _____
10. Number of checks returned due to Insufficient Funds, Closed Account or Stop Payment Order / Total Handling Charges Collected for the period July 1, 2005 to June 30, 2006	_____	\$ _____
11. Distributions of Transactions		

Amount of the Check:

Number of Transactions during the Year

(a) \$150 or less

\_\_\_\_\_

(d) \$151 to 250

\_\_\_\_\_

(f) \$251 to 500

\_\_\_\_\_

Total (must agree with Item 2, Column 1)

\_\_\_\_\_

**AFFIDAVIT**

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

I, \_\_\_\_\_, the undersigned being the  
\_\_\_\_\_ of the \_\_\_\_\_,  
licensee swear (or affirm), that to the best of my knowledge and belief the statements contained in this report,  
including the accompanying schedules and statements (if any) are true and that the same is a true and complete  
statement in accordance with the law.

\_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ A. D. \_\_\_\_\_

My commission expires \_\_\_\_\_